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DECLARATION — Utility or Design Patent Application

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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Coustomer Number 3705 Picco Customer Number Registered practitioner(s) name/registration number listed below Name Registration Name Registration Name Registration Name Registration Name Registration Name Registration Number OR Correspondence address below Customer Number Customer Number OR Correspondence address below Customer Number Customer Customer Number Customer	• •													
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Name	Additional	U.S. or F	PCT international	applicat	tion num	bers are I	isted on a	supplemen	tal priority da	ta sheet P	TO/SB/	02B attached I	hereto.	
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Additional registered practitioner(s) name/registration number listed below Registration Number Number Registration Number Number Registration Registration Number Registration Number Registration	and Trademark	Office co	nnected therewi	th: 💢	Custom	er Numbe	r 370				▶ [Place Cust	omer	
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label or Bar Code Lab					Register			ame/registr	ation number	listed beid	w L			
Direct all correspondence to: Customer Number or Bar Code Label Name Diane R. Meyers Eckert Seamans Cherin & Mellott, LLC Address 600 Grant Street, 44th Floor City Pittsburgh State PA ZIP 15219 Country US Telephone 412/566-2036 Fax 412/566-6099 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Pankaj Modi Inventor's Signature State Inventor Sta		Nam	е			_			Na	me				
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Attorney Docket Number 358594-00010-2 **DECLARATION FOR UTILITY OR** Pankaj Modi First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration OR Submitted after Initial **Group Art Unit** Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

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Method for Administering Insulin to the Buccal Region								
the specification of which (Title of the Invention)								
is attached hereto								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.								
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